

# L10000013874

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

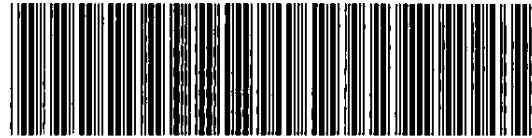
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2010 NOV 16 PM 12:18  
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 17 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NORTH LAKE MANUFACTURING, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL WOOLEY

Name of Person

NORTH LAKE MANUFACTURING, LLC

Firm/Company

5235 US HIGHWAY 27 SOUTH

Address

SEBRING, FL. 33870

City/State and Zip Code

MWOOLEYS@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL WOOLEY

Name of Person

at ( 863 )

386-5511

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED

2010 NOV 16 PM 12:18

**NORTH LAKE MANUFACTURING, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 05, 2010 and assigned Florida document number L10000013874.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

5235 US HIGHWAY 27 SOUTH

SEBRING, FL. 33870-5660

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5235 US HIGHWAY 27 SOUTH

SEBRING, FL. 33870-5660

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MICHAEL WOOLEY

New Registered Office Address:

5235 US HIGHWAY 27 SOUTH

*Enter Florida street address*

SEBRING

*City*

Florida

33870-5660

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
**If Changing Registered Agent, Signature of New Registered Agent**

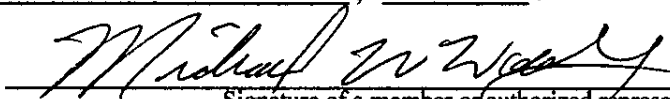
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	RICHARD JONES	3410 SW 23 STREET OKEECHOBEE, FL 34974	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	REGINA JONES	3410 SW 23 STREET OKEECHOBEE, FL 34974	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MICHAEL WOOLEY	5235 US HIGHWAY 27 SOUTH SEBRING, FL 34974	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CHARLENE WOOLEY	5235 US HIGHWAY 27 SOUTH SEBRING, FL 34974	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated OCTOBER 21st, 2010



Signature of a member or authorized representative of a member

MICHAEL WOOLEY

Typed or printed name of signee

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ALLAHOE, FLORIDA